

**FOREIGN  
LIMITED LIABILITY COMPANY**

**STATE OF MAINE**

**NOTIFICATION BY REGISTERED AGENT  
OF CHANGE IN NAME  
OR REGISTERED OFFICE**

\_\_\_\_\_  
(Name of Limited Liability Company)

- ☐ Names of additional limited liability companies, to which a copy of this notice has been sent to a manager or, if none, a member thereof, are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

**Filing Fee \$30.00 for each limited liability company listed**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to 31 MRSA §714.3.B., the undersigned gives notice of a change of registered agent's name and/or registered office **address of** each limited liability company listed herein:

**FIRST:** Name of registered agent appearing on the record in the Secretary of State's Office \_\_\_\_\_

\_\_\_\_\_

**SECOND:** New name of registered agent (if no change, so indicate) \_\_\_\_\_

\_\_\_\_\_

**THIRD:** Address of registered office appearing on the record in the Secretary of State's office

\_\_\_\_\_

(street, city, state and zip code)

**FOURTH:** New address of registered office (if no change, so indicate)

\_\_\_\_\_

(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_

(mailing address if different from above)

**DATED** \_\_\_\_\_

**REGISTERED AGENT\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*Certificate **MUST** be signed by the **registered agent** (§714.3.B.).

The execution of the certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**